|   |  | ****                                  | WATE                               | R WELL RECORD F                       | orm WWC-5                               | KSA 82a  | -1212                                |                          |                               |  |
|---|--|---------------------------------------|------------------------------------|---------------------------------------|---|--|--------------------------------------|--------------------------|-------------------------------|--|
| 1 LOCATION  | ON OF WAT  | ER WELL:                              | Fraction                           | or al                                 |   | tion Number                                      | Township Num                         | nber                     | Range Number                  |  |
|   | Rice   |                                       | NEV                                | NW WNE                                | 1/4                                     | 15   | т 19                                 | S                        | R //∕ B(W)                    |  |
| Distance and direction from nearest town or city street address of well if located within city?   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| . 4   | N 31   | yyw o                                 | 7 Chase                            | KS                                    |   |  |                                      |                          |                               |  |
|   |  |                                       |                                    | GAND RUC                              |   |  |                                      | <u> </u>                 |                               |  |
| RR#, St. /  | Address, Box   | (#:                                   | ·                                  | J 0 / 0                               |   |  | Board of Agr                         | iculture, D              | Division of Water Resources   |  |
|   | , ZIP Code   | Hid                                   | A.140.7                            | ~ V                                   | ,                                       |  |                                      |                          | 86-321                        |  |
| LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL. 7  |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| ī [   | !  | 1                                     | Depth(s) Groundwater Encountered 1 |                                       |   |  |                                      |                          |                               |  |
| -   | - NW   | NE                                    |                                    | *                                     |   |  |                                      |                          | s pumping gpm                 |  |
| Est. Yield  |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| * w h   | W <del> </del>   |                                       |                                    |                                       |   |  |                                      |                          | 1                             |  |
| _   |  |                                       |                                    |                                       |   |  | njection well                        |                          |                               |  |
| 1  -  | 1 Domestic 3 Feedlot 6 bil field water supply 9 Dewatering |                                       |                                    |                                       |   |  | Other (Specify below)                |                          |                               |  |
|   | ŀ  | 1                                     | 2 Irrigation                       |                                       | -                                       | -  | 10 Observation well                  |                          |                               |  |
| Was a chemical/bacteriological sample submitted to Department? Yes(No); If yes, mo/day/yr   |  |                                       |                                    |                                       |   |  |                                      |                          | mo/day/yr sample was sub-     |  |
| 5 TYPE C  | OF BLANK (   | ASING USED:                           |                                    | 5 Wrought iron                        | 8 Concre                                |  |                                      |                          | Clamped                       |  |
| <br>1 Ste   | el   | 3 RMP (S                              | SR)                                | 6 Asbestos-Cement                     | 9 Other                                 | (specify belov                                   |                                      |                          | ed                            |  |
| (Z)PV   |  | 4 ABS                                 | ·· <b>·</b> ,                      | , 7 Fiberglass                        |   |  |                                      |                          | ded                           |  |
|   |  |                                       | in to 55                           | 1.                                    |   |  |                                      |                          |                               |  |
| Blank casing diameter   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| Casing height above land surface  |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| TYPE OF SCREEN OR PERFORATION MATER   |  |                                       |                                    | 7)PVC                                 |   |  | 10 Asbestos-cement                   |                          |                               |  |
| 1 Steel 3 Stainless   |  |                                       |                                    | 5 Fiberglass                          | 8 RMP (SR)                              |  |                                      |                          |                               |  |
| 2 Bra   |  | 4 Galvani                             |                                    | 6 Concrete tile                       |   |  | 12 None                              | used (ope                | •                             |  |
|   |  |                                       |                                    |                                       |   |  |                                      |                          | 11 None (open hole)           |  |
| 1 Continuous slot (3 Mill slot 6 Wire wrapped 9 Drilled holes   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| SCREEN-PERFORATED INTERVALS: From. S.Y ft. toft., From ft. to   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| From  |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| ,   | SUMVEL FA  | OK INTERVALS                          | From                               | ft. to                                | • | ft., Fro   |                                      | ft. to                   |                               |  |
| e GPOLIT  | MATERIAL   | .: Neat                               |                                    | 2 Cement grout                        | 3 Bento                                 |  |                                      |                          | ,                             |  |
| _   |  |                                       |                                    | •                                     |   |  | =                                    |                          | ft. to                        |  |
| Grout Inter   |  |                                       | -                                  | II., FIOH                             | fl.                                     |  |                                      |                          |                               |  |
|   |  | •                                     | contamination:                     |                                       |   |  | vestock pens 14 Abandoned water well |                          |                               |  |
| 1 Septic tank 4 Late  |  |                                       |                                    | 7 Pit privy                           |   | 11 Fuel storage                                  |                                      |                          |                               |  |
| 2 Sewer lines 5 Cess  |  |                                       | •                                  | 8 Sewage lagoon                       |   | 12 Fertilizer storage                            |                                      | 16 Other (specify below) |                               |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage  |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| Direction f   |  |                                       |                                    |                                       | T                                       |  | iny feet?                            |                          |                               |  |
| FROM  | TO   |                                       | LITHOLOGIC                         | LOG                                   | FROM                                    | то   | L                                    | ITHOLOG                  | IC LOG                        |  |
| 0   | 2  | Copse                                 | oce o                              | · · · · · · · · · · · · · · · · · · · |   |  |                                      |                          |                               |  |
| 3_  | 53   | Clay &                                | - sand                             |                                       |   |  |                                      |                          |                               |  |
| 53  | 74   | 320                                   | wil                                |                                       |   |  |                                      |                          | '                             |  |
| ,   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
|   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
|   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
|   |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
|   |  |                                       | •                                  |                                       |   | <b>†</b>   | i i                                  |                          |                               |  |
|   |  |                                       |                                    |                                       | -                                       | <del> </del>                                     |                                      |                          |                               |  |
|   | <del> </del>   |                                       |                                    |                                       | -                                       | <del>                                     </del> |                                      |                          |                               |  |
|   | <u> </u>   | · · · · · · · · · · · · · · · · · · · |                                    |                                       |   | <del>                                     </del> |                                      |                          |                               |  |
|   | <b>-</b>   |                                       |                                    |                                       | <u> </u>                                | 1  |                                      |                          |                               |  |
|   |  | ļ                                     |                                    |                                       | -                                       | <del> </del>                                     |                                      | 1.50                     |                               |  |
| <b></b>   | <b>.</b>   |                                       |                                    |                                       |   | <b> </b>   |                                      |                          |                               |  |
| ļ   | ļ  | <u> </u>                              |                                    |                                       | <b>_</b>                                |  |                                      |                          |                               |  |
| <u> </u>  | 1  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| completed on (mo/day/year) 9.5.35.26  |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
| Water Well Contractor's License No  |  |                                       |                                    |                                       |   |  |                                      |                          |                               |  |
|   |  |                                       | ns wat                             |                                       | W                                       |  | ature) Sam                           |                          |                               |  |
| INSTRIK   | CTIONS: Lise 1   | vpewriter or ball no                  | pint pen. <i>PLEASE PR</i>         | ESS FIRMLY and PRINT clear            | tv. Please fill in                      | blanks, underli                                  | ne or circle the correct a           | nswers. See              | to top three copies to Kansas |  |
| Departm   | ent of Health a  |                                       | fice of Oil Field and E            | nvironmental Geology, Regula          |   |  |                                      |                          |                               |  |